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PTO/SB/05 (4/98)
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12/21/99
J0600 U.S. PTO

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</small>	Attorney Docket No.	1915-00100
	First Inventor or Application Identifier	Sergio Luca Zini
	Title	Device for Use in an Audio Signal Processing System
	Express Mail Label No.	EL384214916US

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification [Total Pages 24] (preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to Microfiche Appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure	6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Copyb. <input type="checkbox"/> Paper Copy (identical to computer copy)c. <input type="checkbox"/> Statement verifying identity of above copies
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 4]	ACCOMPANYING APPLICATION PARTS 7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement of Power of Attorney (when there is an assignee) 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 [Copies of IDS Citations] 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. <input checked="" type="checkbox"/> * Small Entity Statement(s) filed in prior application, Status still proper and desired (PTO/SB/09-12) 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Other: _____
4. Oath or Declaration [Total Pages 2] <ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)<ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).	
* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).	

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: _____
Prior application information: Examiner _____ Group / Art Unit: _____
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or ☒ Correspondence address below

Name	DAVID A. ROSE				
	Conley, Rose & Tayon, P.C.				
Address	PO Box 3267				
City	Houston	State	TX	Zip Code	77253-3267
Country	USA	Telephone	713-238-8000	Fax	713-238-8008

Name (Print/Type)	DAVID A. ROSE	Registration No. (Attorney/Agent)	26,223
Signature		Date	Dec. 21, 1999

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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**FEE TRANSMITTAL
FY 1999**

Patent fees are subject to annual revision.

Small Entity payment must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.**Complete if Known**

Application Number	Not Yet Assigned
Filing Date	Concurrently Herewith
First Named Inventor	Sergio Luca Zini
Group Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned
Attorney Docket Number	1915-00100

TOTAL AMOUNT OF PAYMENT (\$ 515.00)

METHOD OF PAYMENT (check one)

- 1.
- ☐
- The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account No.: 03-2769
Deposit Account Name: Conley, Rose & Tayon, P.C.☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

- 2.
- ☒
- Payment Enclosed:
-
- ☒
- Check
- ☐
- Money Order
- ☐
- Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	760	201	380	Utility filing fee	\$380.00
106	310	206	155	Design filing fee	\$
107	480	207	240	Plant filing fee	\$
108	760	208	380	Reissue filing fee	\$
114	150	214	75	Provisional filing fee	\$

SUBTOTAL (1) \$ 380.00**2. EXTRA CLAIM FEES**

			Extra	Fee from below	Fee Paid
Total Claims	35 - 20 =	15	x	9.00 =	\$135.00
Independent Claims	3 - 3 =	0	x	39.00 =	\$ 00.00
Multiple Dependent				260.00 =	\$ 00.00

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	78	202	39	Independent claims in excess of 3
104	260	204	130	Multiple dependent claim
109	78	209	39	Reissue independent claims over original patent
110	18	210	9	Reissue claims in excess of 20 and over original patent

SUB TOTAL (2) \$ 135.00**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	\$
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	\$
139	130	139	130	Non-English specification	\$
147	2,520	147	2,520	For filing a request for reexam	\$
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	\$
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	\$
115	110	215	55	Extension for reply within 1st month	\$
116	380	216	190	Extension for reply within 2nd month	\$
117	870	217	435	Extension to reply within 3rd month	\$
118	1,360	218	680	Extension to reply within 4th month	\$
128	1,850	228	925	Extension to reply within 5th month	\$
119	300	219	150	Notice of Appeal	\$
120	300	220	150	Filing a brief in support of an appeal	\$
121	260	221	130	Request for oral hearing	\$
138	1,510	138	1,510	Petition to institute a public use proceeding	\$
140	110	240	55	Petition to revive - unavoidable	\$
141	1,210	241	605	Petition to revive - unintentional	\$
142	1,210	242	605	Utility issue fee (or reissue)	\$
143	430	243	215	Design issue fee	\$
144	580	244	290	Plant issue fee	\$
122	130	122	130	Petitions to the Commissioner	\$
123	50	123	50	Petitions related to provisional apps.	\$
126	240	126	240	Submission of Information Dis. Stmt.	\$
581	40	581	40	Recording each patent assignment per property (times number of properties)	\$
146	760	246	380	Filing a submission after final rejection (37 CFR 1.129(a))	\$
149	760	249	380	For each additional invention to be examined (37 CFR 1.129(b))	\$

Other fee (specify) _____ \$

Other fee (specify) _____ \$

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

\$ _____

SUBMITTED BY

Typed or Printed Name DAVID A. ROSE

Signature 

Date

Dec. 21, 1999

Complete (if applicable)

Registration Number

26,223

Deposit Account User ID